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Approved for use through 10/31/2002. OMB 0651-0031  
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2631/14

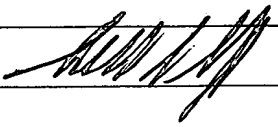
<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/876,201
	Filing Date	06/06/2001
	First Named Inventor	Sam HEIDARI
	Group Art Unit	2631
	Examiner Name	N/A
	Attorney Docket Number	VELCP015
Total Number of Pages in This Submission		

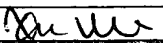
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers # (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition #	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1- A check of \$42.00
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	2- 1449 IDS Form
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input checked="" type="checkbox"/> Return Receipt Postcard	2- 4 references cited
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

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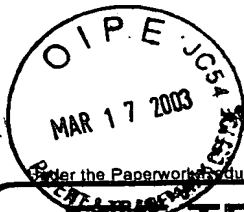
MAR 21 2003

Technology Center 2600

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	IP Creators
Signature	 Charles C. Cary Reg. #: 36,764
Date	March 14, 2003

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <u>March 14, 2003</u>		
Typed or printed name	Susan W. Xu	
Signature		Date
		March 14, 2003

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PTO/SB/17 (10-03)

Approved for use through 04/30/2003. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$)

42

## Complete if Known

Application Number	09/876,201
Filing Date	06/06/2001
First Named Inventor	Sam HEIDARI
Examiner Name	N/A
Group Art Unit	2631
Attorney Docket No.	VELCP015

## METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number: 50-1338  
Deposit Account Name: IP Creators

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☒ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee	
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$)

0

### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
20	-20 = 0	\$9	\$0
4	-3 = 1	\$42	\$42
Multiple Dependent			\$0

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 84	2201 42	Independent claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

42

\*for number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	\$0
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	\$0
1053 130	1053 130	Non-English specification	\$0
1812 2,520	1812 2,520	For filing a request for <i>ex parte</i> reexamination	\$0
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	\$0
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	\$0
1251 110	2251 55	Extension for reply within first month	\$0
1252 410	2252 205	Extension for reply within second month	\$0
1253 930	2253 465	Extension for reply within third month	\$0
1254 1,450	2254 725	Extension for reply within fourth month	\$0
1255 1,970	2255 985	Extension for reply within fifth month	\$0
1401 320	2401 160	Notice of Appeal	\$0
1402 320	2402 160	Filing a brief in support of an appeal	\$0
1403 280	2403 140	Request for oral hearing	\$0
1451 1,510	1451 1,510	Petition to institute a public use proceeding	\$0
1452 110	2452 55	Petition to revive - unavoidable	\$0
1453 1,300	2453 650	Petition to revive - unintentional	\$0
1501 1,300	2501 650	Utility issue fee (or reissue)	\$0
1502 470	2502 235	Design issue fee	\$0
1503 630	2503 315	Plant issue fee	\$0
1460 130	1460 130	Petitions to the Commissioner	\$0
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	\$0
1806 180	1806 180	Submission of Information Disclosure Stmt	\$0
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	\$0
1809 750	2809 375	Filing a submission after final rejection (37 CFR § 1.129(a))	\$0
1810 750	2810 375	For each additional invention to be examined (37 CFR § 1.129(b))	\$0
1801 750	2801 375	Request for Continued Examination (RCE)	\$0
1802 900	1802 900	Request for expedited examination of a design application	\$0
Other fee (specify)			\$0

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

0

## SUBMITTED BY

Name (Print/Type): Charles C. Cary  
Signature: [Signature]

Registration No. (Attorney/Agent): 36,764

## Complete (if applicable)

Telephone: (408) 257-5790  
Date: March 14, 2003

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